



2024-2025 DEPENDENCY OVERRIDE CONTINUATION

Student Name: _____ Student ID #: _____

Complete this form and return it to the Financial Aid Office:

Table with 4 rows: Student's Demographics, Student's Present Living Arrangements, Parent's Information, Other Parent's Information. Each row contains specific questions about contact and financial support.

CERTIFICATION AND SIGNATURE

The person signing below certifies that the information reported on their original Dependency Override Request has not changed. The student is still unable to contact and is not receiving monetary or emotional support from their parents.

The person signing below understands that the information reported will be used to override federal regulations regarding their dependency status, and certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____ Date: _____

THE FOLLOWING IS FOR OFFICE USE ONLY

The Financial Aid Office has used Professional Judgement and determined that this student continues to be Independent. Remarks:

Three horizontal lines for office remarks.

FAA Signature: _____ Date: _____